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Application Number	10/792,086
Filing Date	March 3, 2004
First Named Inventor	Chellen W. Waychoff II
Art Unit	3763
Examiner Name	Melissa A. McCorkle
Attorney Docket Number	24379-0002-U1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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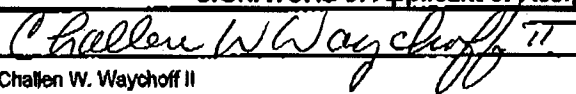
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- ☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Chellen W. Waychoff II		
Date	8/1/06	Telephone	740-695-9188

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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